

L040000077/38

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900041770459

~~10/22/04 01047 005 4125.00~~

10/22/04--01047--006 **160.00

FILED
2004 OCT 22 PM 1:38
TALLAHASSEE, FLORIDA
FLORENCE OPERATIONS

J. BRYAN OCT 25 2004



attorneys at law

Jeffrey M. Folkman

Direct Phone: 239.949.6981

Fax: 239.949.6687

E-mail: jmfolkman@hahnlaw.com

October 21, 2004

By Federal Express

Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Filing of Articles of Organization for Private Physician Group LLC

Gentlemen:

On behalf of Private Physician Group LLC, I enclose the following:

1. Articles of Organization for Florida Limited Liability Company.
2. Check made payable to the Florida Department of State in the amount of \$160.00 to cover the filing fee for the Articles of Organization, the designation of registered agent, a certified copy of the filing and a certificate of status.

Please feel free to telephone me should you have any questions concerning this matter.

I thank you for your assistance.

Very truly yours,

Jeffrey M. Folkman

JMF/rfe

cc: Dr. James Stevens, Manager
Mr. Dean G. Chionis, Manager

FILED
2004 OCT 22 PM 1:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CLE - 862254.1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Private Physician Group LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4488 Brynwood Drive
Naples, Florida 34119

Mailing Address:

4488 Brynwood Drive
Naples, Florida 34119

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

HL Statutory Agent, Inc.

Name

3301 Bonita Beach Road, Suite 308

Florida street address (P.O. Box NOT acceptable)

Bonita Springs, FL 34134

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

HL Statutory Agent, Inc.

By: Jeffrey M. Folch

Registered Agent's Signature

Vice President

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM	James Stevens
	4488 Brynwood Drive
	Naples, Florida 34119
MGRM	Dean G. Chionis
	954 Pebble Beach Ct.
	Geneva, Illinois 60134

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jeffrey M. Folkman

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2004 OCT 22 PM 1:38
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA